# MCI Innovations: The Arizona Triage System



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#### Goal

To introduce attendees to the Arizona Triage System, demonstrating how it can improve EMS response to major medical incidents.



# After today's talk, you should:

- Be familiar with the START triage method.
- Understand the Arizona Triage System.
- Identify the use of EMS Tactical Benchmarks.
- Describe what to do when first arriving at a multi-patient incident.

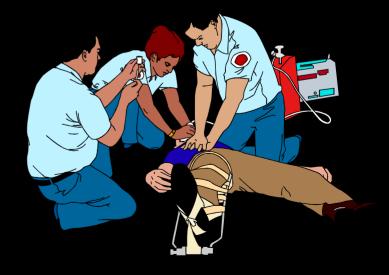
# Phoenix Fire Department

- 477 square miles
- 1.3 million residents
- 50 fire stations
- 130,000 incidents



# Simple Triage & Rapid Treatment (S.T.A.R.T.)

- Developed by the Newport Beach (CA.) Fire & Marine Dept.
- Current DOT Standard



### Where is START used?

- California
- Oregon
- Washington
- France
- Saudi Arabia
- Israel



# MCI Terminology

- M.P.I. -- Multi-Patient Incident (< 25)</li>
- M.C.I. -- Mass Casualty Incident (25 100)
- M.O.I. -- Mechanism of Injury
- M.V.C. -- Motor Vehicle Collision



# PFD Study of Major Medical Events -- 1996



- 87% were MVAs
- Averaged 5 patients
- 20% had 7 or more patients
- Only 4% had 10+ patients

# Major Medical Events ---Field Assessment

- 50% were Priority I's
- 25% were Priority II's
- 23% were Priority III's



# PFD Study of Major Medical Events -- 1997

- 86% were MVAs
- Averaged 6.2 patients
- 46% had 7 or more patients
- 11% had 10+ patients



# Major Medical Events

 Approximately 100 events throughout Arizona each year.

 Range from 5 to 10 patients at each incident.

# Plan, Prepare & Train for . . .

- 3 Vehicle Accident involving 6-7 patients
- Initial Triage Yields
  - 1 Immediate
  - 4 Delayed
  - 1 Minor



1 Delayed later upgraded to Immediate

# **Triage Considerations**

- What triage process do you use?
- What type of tag do we triage with ?
- What color ?



# S.T.A.R.T. stands for:

- Simple
- Triage
- And
- Rapid
- Treatment



# Why Use START?



- Fast
- Simple
- Easy to Use
- Easy to Remember
- Consistent

### START Assessment

Respirations
Pulse
Mental Status

# START Now...



- Patient 1 is a 21 YOM c/o pain to his upper right leg. You see an obvious open right femur fracture.
- What is your START assessment?
- What is your treatment?

- He is awake.
- His airway is open (remember he's talking).
- His respiration's are over 30/ min.



- Patient 2 is a 15 YOF c/o numbress to her legs and is unable to move them. She has a 2" laceration to the left skull with moderate bleeding.
- What is your START assessment?
- What is your treatment?

- Her airway is open.
- Her respiration's are slower than one every two seconds.
- She has a radial pulse.
- She is alert and oriented.

- Patient 3 is a 40 YOM who looks real bad. He's unconscious, pale and limp.
- What is your START assessment ?
- What is your treatment?

You open his airway and insert an OPA but found there is no breathing.

What do you tag him



### Lessons Learned

"Time and time again the catastrophically injured, who have almost no chance of survival, are provided with heroic resuscitation efforts and are transported by the first crews, leaving little or no personnel and equipment in the field."

**Dr. Alexander Butman Disaster Researcher** 

#### IMMEDIATE

- All patients whose RPM is altered
- Fold & tear off tag
- Retain tracking slip
- Place "Immediate" Label on Victim

#### DELYYED

- Most victims in this category
- Includes those w/ significant
   MOI, but whose RPM is intact

#### MINOR

- These are the "walking wounded."
- Direct them to a gathering place.
- Tag 'em later!

#### **DEAD / DYING**

- Mortally wounded
- Probably will die despite our efforts
- Difficult decision
- Resources often wasted here

# Only 3 Treatments During Triage

- Open Airway / Insert OPA
- Stop Bleeding
- Elevate Extremities



# **Triage Priorities**

- Find & transport all "Immediates"
- Reassess "Delayed" & upgrade (Serious MOI / Age/ History)







Focus on the "Immediate" patients. Everyone else can wait!

# Changes to *START* during an MPI (5 - 10 patients)

- Don't move Minor patients!!
- Reassess Delayed patients as soon as possible and upgrade to Immediate if necessary (Serious MOI / Age/ HX).

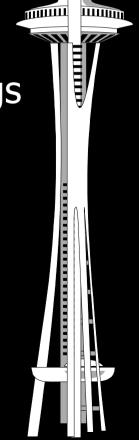
# Triage Tag Field Trial

#### Three triage tags



- Seattle FD -- Triage tape w/ TX tag
- California -- Multi-colored tag





# Triage Tag Field Trial

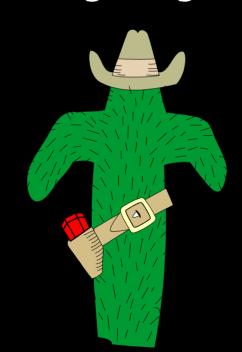
Three methods of attachment

- Nylon tie
- String
- Elastic strap

# Triage Tag Field Trial

Three methods of donning triage kit

- Fanny pack
- Chest harness
- Holster



# **Triage Kit Contents**

- 35 Triage Tags
- 15 Immediate Labels
- 35 Nylon Ties
- 6 Assorted. OPAs
- 3 Ink Pens
- 1 Scissors



1- Evaluate patient using *START*.



2- Tear off bottom of tag & remove tracking slip.





3- Place tracking slip in kit.



4- Attach tag to patient with nylon tie.



5- If Immediate, affix adhesive label.



6- Give tracking slips to Triage Officer.

### Once triage is complete . . .

Give a Triage Report to Command

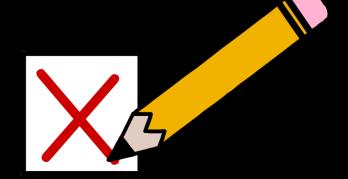
"Triage to Command...We have 13 patients, 4 Immediate, 5 Delayed, 3 Minor and 1 Dead."

Give tracking slips to Command

### **Tactical Benchmarks**

Triage Report Complete

Declaration of: "All Immediates Transported"



#### **Transportation**

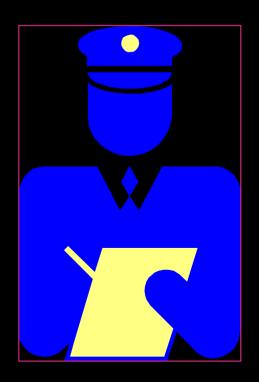
- Second Tracking Slip-- Completed and kept by Transportation Sector
- What is the minimal info. Needed?
  - Transport Unit ID
  - Receiving hospital
- Fill in name/age/address as available



#### **EMS** Documentation

 Triage tags can be used in lieu of a patient care report (EMS form)

Command will determine when START will occur



#### First Unit On Scene

- Give on-scene report
- Survey the scene
- Control traffic
- Pull a handline
- Begin triage
- Request resources

- Give Triage Report
- Establish treatment area
- Assign tasks
- Assign sectors
- Notify hospitals

## Multi-Patient Incident (MPI) 5-10 patients

- Triage function assigned
- Nearby hospitals notified
- Consider a treatment area
- Order ambulances early
- Complete EMS Tactical Benchmarks

## Multi-Patient Incident (MPI) 11-25 patients

- Triage Sector assigned
- Area Hospitals Notified
- Establish a treatment area
- Complete EMS Tactical Benchmarks



## Mass Casualty Incident (MCI) 25-100 patients

- Triage Sector(s) assigned
- Full Hospital System Notification
- Multiple treatment area(s) established
- Establish Medical Supply Sector
- Complete EMS Tactical Benchmarks

## MCIs involving more than 25 patients

- Assign an Ambulance Coordinator
- Do we keep ALS personnel on scene?
- If a huge incidents, direct first ambulance <u>away from</u> nearest hospitals.

#### Common Pitfalls at MCIs

- Failure to alert
- Failure to triage
- Slow "primary" stabilization
- Slow movement & collection
- Inappropriate, time consuming care
- Premature transportation

From Responding to the Mass Casualty Incident: A Guide for EMS Personnel by Alexander Butman

#### Common Pitfalls (Cont'd)

- Improper use of personnel
- Poor distribution of patients
- Poor EMS Command
- Lack of preparation or training
- Failure to adapt
- Poor communication

•From Responding to the Mass Casualty Incident : A Guide for EMS Personnel by Alexander Butman

#### Triage Kit

Bound Tree Medical 2465 S. Industrial Park Ave. Tempe, AZ 85282 Ph. 800-533-0523

#### Disaster Mannequins

Supersigns, Inc.

1335 W. University Dr.

Suite 18

Tempe, AZ 85281

Ph. 480-968-2200

#### **Teaching Material**

Initial Triage Training Curriculum

Advanced MCI Curriculum

Powerpoint Slides



### THE END



# Initial Triage Training



Phoenix Fire Department